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# Survey of North Dakota Physical Therapists: Participation and Perceptions of the American Physical Therapy Association and the North Dakota Physical Therapy Association

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*University of North Dakota*

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SURVEY OF NORTH DAKOTA PHYSICAL THERAPISTS: PARTICIPATION AND  
PERCEPTIONS OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION AND  
THE NORTH DAKOTA PHYSICAL THERAPY ASSOCIATION

by

Nick Marvin  
Bachelor of Science in Physical Therapy  
University of North Dakota, 2000

An Independent Study

Submitted to the Graduate Faculty of the

Department of Physical Therapy

School of Medicine

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Physical Therapy


Grand Forks, North Dakota

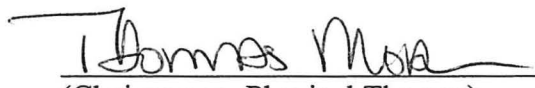
May  
2001



This Independent Study, submitted by Nicholas A. Marvin in partial fulfillment of the requirements for the Degree of Master of Physical Therapy from the University of North Dakota, has been read by the Faculty Preceptor, Advisor, and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

  
(Faculty Preceptor)

  
(Graduate School Advisor)

  
(Chairperson, Physical Therapy)

## PERMISSION

Title            Survey of North Dakota Physical Therapists: Participation and  
                         Perceptions of the American Physical Therapy Association and the North  
                         Dakota Physical Therapy Association

Department    Physical Therapy

Degree           Master of Physical Therapy

In presenting this Independent Study Report in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Department of Physical Therapy shall make it freely available for inspection. I further understand that permission for extensive copying for scholastic purposes may be granted by the professor who supervised my work or, in his/her absence, by the Chairperson of the department. It is understood that any copying of publication or other use of this Independent Study Report or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in my Independent Study Report.

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Date 12/15/2000



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## ABSTRACT

The American Physical Therapy Association (APTA) is the professional association for physical therapists. The North Dakota Physical Therapy Association (NDPTA) is its section that serves the state of North Dakota. With tougher times falling upon the profession in recent years, therapist membership levels have dropped at an alarming rate. An attempt was made through this study to determine the role the APTA and NDPTA plays in member's and nonmember's lives and the role they would like it to play.

Surveys were sent to all of the 339 registered physical therapists in North Dakota. Each was asked to complete the two-page form containing a variety of questions regarding the therapist's professional situation and their feelings toward the APTA and NDPTA. A database was compiled with the 201 (63%) surveys returned by the imposed deadline.

Several factors were found to increase therapist involvement in the APTA. These factors included employer encouragement, increased annual income, and employment position. Association members were identified as using more APTA resources. The members felt the cost of annual membership dues was justified. Many therapists viewed the APTA as filling their needs for a voice in Washington and providing informational publications and discounts on continuing education. The advantages of the NDPTA that were identified included communication and social issues. But, there were several areas

therapists perceive their need to be unfulfilled. A prosperous future of the APTA and NDPTA may depend on how these needs are met.

## CHAPTER I

### INTRODUCTION AND LITERATURE REVIEW

An association is defined by Random House as an organization of people with a common purpose and having a formal structure.<sup>1</sup> The purpose and structure of organizations are as diverse as the tens of thousands in existence in the United States including the hundreds present in North Dakota alone. Small organizations exist like the Indiana Basketmakers Association as well as large, powerful political groups like the United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW), which contains over 750,000 active members and 500,000 retired members.<sup>2</sup> With such diversity present, there also lies different needs of the association's members which must be met. The role of a professional association is to preserve, develop, and assert the meaning and value structures of that profession.<sup>3</sup> Certainly, in the former examples, the needs of the members and the role each professional association must play is quite different.

There are many differing views regarding membership in professional associations. Some enthusiasts see membership as a positive. For example, some feel professional organizations serve to embrace morals and ethics when greater society does not.<sup>3</sup> The groups may feel their values and beliefs systems are vital for personal or professional survival in a decaying society. While other associations are see them as elitist monopolistic oligarchies concerned with maintaining and enlarging their own

monopolistic powers. The potential for large professional organizations to lobby the government is often seen in both a positive and negative way. Lobbying is viewed as a necessity for the advancement of one's field, but it is seldom victimless. Regardless, with 73,000 people being members of organizations in North Dakota alone, lobbyists are here to stay.<sup>4</sup>

Physical therapy (PT) is one of many individual professions that constitute the collective medical profession. Kerbeshian<sup>5</sup> cites several themes, which are vital to all areas of the medical field. He proposes medical professionals are a self-disciplined group of individuals with a common purpose, professionals have a covenant with the public, they use their skills primarily for the benefit of the public, their behavior is guided by a code of ethics, and the medical professionals should practice with integrity and a personal detachment not including empathy. These important insights provide the framework for all ideology of professional medical associations. For example, several of the themes Kerbeshian discusses are overtly mentioned in the American Physical Therapy Association mission statement. Their mission statement reveals APTA's responsibility "is to further the profession's role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public."<sup>6(p1X)</sup> In addition, all successful organizations have a well-defined view of the future and set the groundwork to attain set goals. The APTA has derived several models that illustrate appropriate conduct and responsibilities. The Code of Ethics consists of eight principles that help direct all members of the APTA in appropriate behavior. There is also a Standards of Practice for Physical Therapy that

delineates the "conditions and performances that are essential for provision of high-quality physical therapy".<sup>6(pA5-1)</sup> The entire series of APTA guidelines serves to cover all themes provided by Kerbeshian as well as several that are serving to the PT profession specifically.

To fully understand how the APTA functions, it is necessary to understand the associations organizational structure (Appendix A). It begins with national membership, which is broken down to active (physical therapists), affiliate (physical therapy assistants), and several student categories. Life and Honorary memberships are also bestowed upon a limited number of people. From there, members are assigned to one of the 52 chapters (50 states, Puerto Rico, and Washington DC) based upon where they are employed. The chapters narrow their focus to local issues that may not be adequately represented at the national level.<sup>7</sup> Additional dues for chapter membership may or may not be required.

Members may also opt to join one or more of the 19 specialty sections. These provide members with similar areas of interest to collaborate and promote ideas in fields such as sports medicine or neurology. Another voice of the members is heard from the assemblies. These are formed by class categories (student and affiliate) rather than by interest categories. The highest policy making group in the APTA is the House of Delegates, which is composed of at least one delegate from each chapter, section, and assembly and totals just over 400 people in number. The legislated policies of the House of Delegates is carried out by the elected Board of Directors. Lastly, the overseer of all operations is an elected president. Membership in the APTA provides therapists several benefits. The APTA distributes several publications for physical therapists, physical



therapy assistants, and physical therapy students. The publications discuss current events, the latest research, treatment techniques, and more. These include *PT Bulletin*, *PT Journal*, and *PT Magazine*. Other publications like the *Guide to Physical Therapist Practice* are created for physical therapists, consumers, other health care professionals, the federal and state government, and third party payers. "The Guide" contains sections outlining examination and treatment viabilities, as well as proper conduct and issues in ethics. Other printed resources may be available depending on the chapter a therapist belongs to. The North Dakota chapter has a quarterly called the *North Dakota Physical Therapy Association Newsletter*, which deals with many of the issues relevant to therapists at the state level.

There are many miscellaneous resources and opportunities provided by the APTA specifically for its members. There are two annual conferences sanctioned by the APTA, which allow therapist networking, the transmission of new information and collaborative problem solving. The APTA also offers a website, credit cards, advanced clinical certifications, and home study courses, liability insurance, and discounts for some continuing education classes. A national advertising and public relations campaign sponsored by the APTA reached an estimated 161 million potential consumers in 1999. Lastly, a toll-free phone number for therapists is in place to answer questions and accepted over 500,000 calls in 1999.<sup>8</sup>

The APTA also provides a voice for political. Lobbyists are used to fight for the progression of the APTA's agenda in Washington. For example, the lobbyists were instrumental in congresses assertion of the moratorium of the Balanced Budget Act. The lobbyists are also active at the state level. The lobbying and court efforts have preserved

most of the physical therapist responsibilities that have come under challenge in recent years.

Though the name of the APTA has changed several times in its nearly 80 years of service, its mission for the empowerment of the PT profession has not. But, the needs of its members may never have been greater than in 1997 and the years to follow. This was the year congress passed the BBA, which called for a \$115 billion cut in Medicare spending which included a \$1.7 billion decrease in outpatient services. As a result, a new \$1,500 annual maximum spending cap per patient for physical therapy, occupational therapy, and speech therapy combined. Needless to say, these new regulations had a negative affect on the PT profession. Rehabilitation facilities were forced to cut therapist jobs, wages and benefits, or in many cases both. Many therapists were displaced into areas other than rehabilitation and created an oversupply of practitioners.<sup>8</sup> Compounding this trend was the fact that more universities were accredited to graduate physical therapists. There has been a 27% increase in PT graduation rates in the past five years saturating the job market even more.(from personal communication with A. C. White, Executive Officer of NDPTA, November 2000) In fact, therapists with less than 5 years of experience comprise 25% of all PTs nationally.

As a consequence of these tougher times now upon the profession, membership has dropped substantially and steadily at the national level. In fact, APTA membership declined seven percent in 1999<sup>8</sup>, and according to another source reduced 7% per month for at least 6 months as reported in March of 2000.<sup>10</sup> These decreases occurred despite several promotional attempts to maintain or boost membership. Membership once above 75,000 members dropped to a level of 64,000 members in October of 2000. The previous

rate of therapist membership in the APTA during 1980s that was once over 80% had been reduced to nearly 25% in October of 2000 (from personal communication with A. C. White, Executive Officer of NDPTA, November 2000).

However, the APTA has come up with several strategies to aid therapists in maintaining membership if they are facing difficult times financially. First, any therapist having difficulty finding employment is allowed a six-month amnesty in paying membership dues.<sup>11</sup> There has also been an installment plan implemented for the entire membership body. Further, an effort has been made to ease the transition into the work force for students. The students would pay one third the APTA dues the first year after graduation, two thirds the next year, and the full amount their third year of employment.

The North Dakota Physical Therapy Association (NDPTA), a chapter of the APTA, has seen less of a decline in recent times. Membership levels dropped by only five people from 176 members in September of 1999 to 171 members September of 2000 (from personal communication with A. C. White, Executive Officer of NDPTA, November 2000). The membership rate remains over 50% of the total North Dakota registered PTs. But, this is also a large decrease from the membership rate in the 1980s of over 80% (from personal communication with A. C. White, Executive Officer of NDPTA, November 2000). The trend of declining membership, though not as large as national figures of the APTA, still exists in the NDPTA.

### Purpose of the Study

This study will use demographic information as well as questions of opinion in an attempt to better understand the needs of physical therapists as it relates to the APTA and NDPTA. Specifically, the research addressed the following questions: 1) Is there a

relationship with membership and annual income among active physical therapists? 2) Is there a relationship with marital status and membership? 3) Is there a relationship with membership and years as a therapist? 4) What are the most used resources of the APTA and NDPTA by physical therapists, and members versus nonmembers? 5) Is there a significant difference in feeling about the price of APTA dues between members and nonmembers? 6) Is there a relationship with employment position (staff versus administration) and membership status? 7) Is there a relationship with employment setting and membership status? 8) Is there a significant relationship with employer encouragement towards membership and therapist membership? 9) Is there a significant difference in membership between male and female therapists? 10) What are the most identified advantages of the APTA? 11) What are the most identified advantages of the NDPTA? 12) How can the APTA serve you better? 13) How can the APTA serve you better? The survey constructed will attempt to answer these 13 research questions.

### Significance of the Study

The survey will allow better understanding about what resources are being used by North Dakota physical therapists currently and which ones are not. It will also give information about what therapists feel can be done to change the APTA and NDPTA to serve them better in the future. This information is critical to improving membership rates because it includes the input of both, members and nonmembers. To form the association in a way to meet member's needs is critical. With this information, it will be easier to understand how to improve the APTA and NDPTA performance and membership participation to better empower and protect the physical therapy profession for years to come.

## CHAPTER II

### METHODOLOGY

In this study, registered physical therapists of North Dakota completed a questionnaire including several questions about the APTA and NDPTA. All aspects of this study were approved by the Institutional Review Board at the University of North Dakota, project number IRB-200008-023 (Appendix B). Informed consent was implied with return of each completed questionnaire.

#### Subjects

A total of 339 subjects were gathered by using the year 2000 listing of registered North Dakota physical therapists, which was acquired from the North Dakota State Examining Committee for Physical Therapists. Surveys were sent to each therapist's home address.

#### Procedure

The mailing included a one-page cover letter describing the study, requesting participation in the study, and assuring the subjects that the information would remain confidential. Subjects were asked to return the surveys as soon as possible so it could be determined if there was a need for a second mailing. The cover page was followed by the two-page questionnaire, which consisted of 25 questions regarding background information of the therapist including type of work setting, yearly income, APTA membership status, participation in the APTA and NDPTA, marital status, degree earned,

etc. Therapists were also asked several open-ended questions about their personal opinion about the APTA and NDPTA. A self-addressed stamped envelope was included in the mailing for the survey reply. A reminder notice was placed in the fall *NDPTA Newsletter* encouraging participation in the survey. Questionnaires were mailed out on September 1, 2000 and returned questionnaires were accepted through October 9, 2000. Seven surveys were returned after the October 9th deadline and were not included in the study.

### Survey Construction

This questionnaire was developed through the review of prior surveys conducted by the APTA on a national basis and a UND physical therapy alumni survey. Input was also given from several UND faculty members, Karen Rasmusson (NDPTA President), and Wade Burgess (NDPTA President Elect). Where other surveys have focused on the national level, the questions of this survey were selected to better understand specifically North Dakota physical therapist feelings regarding the APTA as well as the NDPTA. There was a fairly even distribution of open and close-ended questions through the survey. A copy of the questionnaire can be found in Appendix B.

### Data Analysis

Data from 201 completed questionnaires that were returned were entered into SPSS 10.0 program to be analyzed using descriptive statistics with chi squared and Pearson Product methods. The alpha level for all statistical analysis were set at  $\alpha = .05$ . The information from the open-ended questions were tallied manually, categorized, reported, and discuss according to the question, the comments made, and frequency of the comments. Results will be available to all interested individuals by contacting the

Department of Physical Therapy at UND. Results will also be shared with the NDPTA with the possibility of including the studies findings in the annual edition of the *NDPTA Newsletter* that is sent to both APTA members and nonmembers.

## CHAPTER III

### RESULTS

There were 339 surveys mailed out initially, 20 surveys were returned due to lack of forwarding address or the person had moved out of the state. A final total of 319 surveys were considered valid contracts. A total of 201 questionnaires were returned by the due date of October 9, 2000. This translates into a return rate of 63%. Seven surveys were returned after this deadline and were not included the database.

The respondent questionnaire data included in the study consisted of 123 APTA members (61%), 75 nonmembers (37%), and three subjects (2%) which did not indicate membership status. One hundred thirty-six subjects (68%) were females and 60 subjects (30%) were males, four subjects (2%) did not indicate gender. The mean age was 37 years old, varying from 24 to 58 years old. Eight subjects did not indicate age. The income of all respondents ranged from \$1,000 to \$263,000 per year, with an average income of \$45,552 per year. The average full-time income was \$48,906 and average part-time was \$27,000. Twenty subjects did not indicate income level. The physical therapists responding have been practicing one to 38 years, with a mean of 12 years.

Statistical analyses were used with questions that met statistical requirements. The following survey results are presented according to specific research questions.

**1) Is there a relationship with membership status and annual income among active physical therapists?** Of the 178 practicing physical therapists, 139 were full-



time therapists and 39 were part-time. The average full-time income is \$48,906 and average part-time is \$27,000. The average income for APTA members was \$50,133 for full-time therapists and \$28,722 for part-time therapists. For non-members average full-time annual income was \$46,653 and part-time income \$24,705. These results show a significant difference in therapist income among full-time working status members and nonmembers using the independent t test;  $t(137) = -1.995$ ,  $p = .048$  (two tailed) which was more significant than the set alpha level of .05. Using the independent t-test there was no significant difference in income among part-time members and nonmembers  $t(37) = -1.269$ ,  $p = .212$  (two-tailed). These data shows that APTA members with full-time employment status are making a higher income annually than their respective nonmembers (Table 1).

**Table 1. APTA Membership Income Versus Non-member Income**

	PT Employment Status					
	Full-time			Part-time		
	n	x	SD	n	x	SD
APTA Members	90	\$50,133	7,628	22	\$28,772	9,299
APTA Nonmembers	49	\$46,653	10,825	17	\$24,705	10,369

**2) Is there a relationship between marital status and APTA membership status?** Of the respondents, 159 were married, 35 were single and 7 did not complete the question. When completing statistical analysis using Pearson chi-square, there was no significance in correlation between marriage and APTA membership status  $\chi^2(1, n = 194) = 1.354$   $p = .245$ ,  $p > .05$ .

### 3) Is there a relationship between membership and years as a therapist?

There were 196 subjects (97.5%) that completed the questions of years as a PT and APTA membership status. Using the Pearson's  $r$  test, there was no significant difference shown in years as a physical therapist and membership status  $\chi^2 (5, n = 196) = 8.631, p = .125$ , which was greater than the alpha level of .05 (Table 2). When calculating these data, the ages were grouped into five-year intervals up to 25 year as a PT. Any years reported as fractions by subjects were rounded to the nearest whole number of years.

**Table 2. Years as a PT Versus APTA Membership Status**

		Nonmembers	Members	Total
0-5 years	observed	29	35	64
	expected	23.6	40.4	64
6-10 years	observed	14	17	31
	expected	11.4	19.6	31
11-15 years	observed	12	16	28
	expected	10.3	17.7	28
16-20 years	observed	6	22	28
	expected	10.3	17.7	28
21-25 years	observed	5	18	23
	expected	8.5	14.5	23
26-30 years	observed	3	14	17
	expected	6.3	10.7	17
31-35 years	observed	3	1	4
	expected	1.5	2.5	4.0
Survey total		72	123	195

**4) What are the most used resources of the APTA and NDPTA by physical therapists, and members versus nonmembers?** The most used resource of the APTA and NDPTA by all North Dakota physical therapists was the *PT Journal*, 141 therapists (70.1%). The most frequently used resource by active members is the *NDPTA Newsletter*, which is used by 63 therapists (51.2%). The *PT Bulletin* is the most frequently used resource by nonmembers, six therapists (8%) (Table 3).

**Table 3. Resource Usage of APTA Members Versus Nonmembers**

		Nonmembers	Members
PT Bulletin	Frequently	6	33
	Occasionally	12	44
	Rarely	5	15
Credit Card	Frequently	2	4
	Occasionally	6	16
	Rarely	1	6
Website	Frequently	1	13
	Occasionally	6	35
	Rarely	8	28
Guide to PT Practice	Frequently	1	20
	Occasionally	10	42
	Rarely	12	22
PT Journal	Frequently	3	34
	Occasionally	14	64
	Rarely	11	15
CEU Discounts	Frequently	1	32
	Occasionally	8	34
	Rarely	9	10
PT Magazine	Frequently	1	40
	Occasionally	15	54
	Rarely	7	11
APTA Service Center	Frequently	0	1
	Occasionally	1	14
	Rarely	2	19
Insurance Use	Frequently	1	8
	Occasionally	2	3
	Rarely	2	1
NDPTA Newsletter	Frequently	4	63
	Occasionally	13	37
	Rarely	3	5
Home Study Course	Frequently	0	3
	Occasionally	2	19
	Rarely	2	17
Advanced Clinical Certification	Frequently	1	1
	Occasionally	2	3
	Rarely	3	4
	Total responses	165	766
	Total respondents	75	123
	Average/respondent	2.2	6.2

**4) Is there a significant relationship in feelings between APTA members versus nonmembers on the annual price of APTA dues?** There were 188 subjects that responded to this question of the 201 surveys returned (93.5%). Using the Pearson chi-square test, the level of significance was determined to be  $\chi^2 (1, n = 188) = 33.178, p < .001$  (Table 4). This was much more significant than the set alpha level of .05. These findings show a strong polarity of feelings towards APTA member dues. Nonmembers felt the dues were too high on a much more frequent basis than members.

**Table 4. APTA Members Versus Nonmembers Opinions on the Price of Annual APTA Dues**

	Opinion of Price of APTA Dues			Total
	Too High	Too Low	Just Right	
Member count	61	1	58	120
Expected count	79	1	40	
Nonmember count	63	0	5	68
Expected count	45	0	23	
Total	124	1	63	188

**6) Is there a relationship with employment position (staff versus administration) and membership status?** There were 177 subjects that held either staff or administrator positions and answered the APTA membership status question. One hundred forty-four respondents indicated they were staff therapists and 33 respondents indicated that they held administrative positions. There were 65 staff members that identified themselves as nonmembers, which was higher than the expected count of 58. Twenty-seven administrators indicated that they were members of the APTA, which was higher than the expected count of 20. To achieve statistical requirements for these data four positions were not included in the calculations. The four positions excluded were

prosthetist, research and development specialist, educator, and self-employed therapist.

These positions did not meet the minimum requirement of five expected respondents in each category. The statistical analysis was confined to the staff and administration categories. Analysis of the statistics using the Pearson chi-square test showed a significant correlation;  $\chi^2 (1, n = 177) = 8.121, p = .004$ . The significance of this test was greater than the set alpha level of  $p < .05$ . These data indicate there was significant correlation with APTA membership status and position held as a therapist (Table 5).

**Table 5. Employment Position Versus APTA Membership Status**

	Employment Position		Total
	Staff	Administration	
Member count	79	27	106
Expected count	90	20	110
Nonmember count	65	6	71
Expected count	54	13	67
Survey total	144	33	177

**7) Is there a relationship with employment setting and APTA membership status?** One hundred ninety subjects (94.5%) indicated a primary setting and APTA membership status. Due to the variation in subjects' responses, a grouping of primary job settings could not be done to reach the requirements for statistical analysis. Several employment settings did not have five subjects in each category. There was a higher than expected number of APTA members in acute, rural, home care and academic settings (Table 6). There was a lower than expected number of APTA members in neurologic/rehabilitation, outpatient, pediatrics, and long term care settings. Although these data were not analyzed statistically, it does show variation in expected numbers of members among job settings.

**Table 6. Employment Setting Versus APTA Membership Status**

	Primary Employment Setting							
	Acute	Rural	Neuro/ Rehab	Outpatient	Peds	HC	LTC	Acad
Members count	22	14	5	41	5	6	6	15
Expected count	18	12	8	45	8	4	7	11
Nonmember count	7	6	7	31	8	1	5	2
Expected count	11	8	5	27	5	3	4	6
Total	29	20	12	72	13	7	11	17

Key: Peds = Pediatrics, HC = Home Care, LTC = Long Term Care, Acad = Academic

**8) Is there a significant relationship with employer encouragement towards membership and therapist membership?** One hundred ninety-one subjects (95%) reported their membership status and whether their employer encouraged membership status. The data was analyzed using the Pearson chi-square test. There was a level of significance found;  $\chi^2 (1, n = 191) = 9.664, p = .002$ , which is lower than the set alpha level of  $p < .05$  (Table 7). When the employer encouraged membership 65 people reported they were members greater than the expected number of 55. When the employer did not encourage membership 55 people indicated membership. This is lower than the expected count of 65. This data shows that there is a significant correlation between employer encouragement of APTA membership and actual membership status.

**Table 7. Employer Encouragement and APTA Membership**

	Nonmembers	Members	Total
Employer Encouragement count	22	65	87
Expected count	32	55	
No Employer Encouragement count	49	55	104
Expected count	39	65	
Survey total	71	120	191

**9) Is there a significant relationship in APTA membership between males and females?** One hundred ninety-six subjects (97.5%) answered whether they were male or female and whether they were APTA members. There were 60 males and 136 females included in the calculations for this research question. Using the Pearson chi-square test there was no significance determined in correlation between sex and membership status;  $\chi^2 (1, n = 196) = .885, p = .667$ , this does not reach the set alpha level of  $p < .05$ . There was no significant correlation in membership status and sex of the therapist.

**10) What are the most identified advantages of the APTA?** The responses for the following four open-ended questions were tallied manually and organized into manageable groups for analytical and discussion purposes. The most identified advantages of the APTA are listed in order from most identified to least identified advantage. There were 21 total varied responses that could not be grouped into another category. The 13 other responses were not reported in this study due to their low count among respondents (Table 8).

**11) What are the most identified advantages of the NDPTA?** There were 10 groups of advantages identified (Table 9). The following is a list of NDPTA advantages identified by respondents in order from most frequently identified to least identified.

**12) How can the APTA serve you better?** The following is a list of ways, identified by respondents, by which the APTA could better serve them. They are listed in order from most frequently identified to least identified followed by number of respondents. There were nine other responses that were only identified one time and could not be grouped in other categories therefore were not reported. There was a total of

14 different ways that the NDPTA could serve members better, identified by respondents (Table 10).

**Table 8. Most identified advantages of the APTA**

Rank	Identified Advantage	Number of Respondents
1	APTA lobbying efforts	55
2	Discounts on CEUs	49
3	Keeping current on professional issues	36
4	Multiple resources available	25
5 <sup>a</sup>	Updated literature	19
	Empowerment of profession	19
	Current research	19

a = denotes a tie between three identified advantages in fifth place

**Table 9. The Most Identified Advantages of the NDPTA**

Rank	Identified Advantage	Number of Respondents
1	CEU discounts	45
2	Keep current on local and professional issues	32
3	Communication and networking	23
4	Lobbying efforts	13
5 <sup>a</sup>	Developing friendships	11
	Keeping current on reimbursement issues	11
	Empowerment of the profession	11

a = denotes a tie between three identified advantages in fifth place



**Table 10. How the APTA can serve you better?**

Rank	Identified Ways the APTA Can Serve PTs Better	Number of Respondents
1	Decrease annual dues	18
2	Increase lobbying	7
3	Increase clinical research	6
4 <sup>a</sup>	Increase national advertising/ public relations	5
	Increase communication	5

a = denotes a tie between fourth place of two identified ways the APTA can serve PTs better

**Table 11. Ways the NDPTA can better serve PTs**

Rank	Identified Ways the NDPTA Can Better Serve PTs	Number of Respondents
1	More continuing education courses offered locally	7
2	More communication within the NDPTA	6
3	Improve advertising and public relations	3
4	Open a NDPTA website	2

## CHAPTER IV

### DISCUSSION

With a survey return rate of 63% ( $n = 201/319$ ), the gathered data should provide a basis for generalization of North Dakota physical therapists. There are many possible ways to use the data that has been presented. It may be utilized for finding the most efficient recruiting methods for the APTA or increasing or decreasing the amount of funding used for certain resources by the determined therapist usage. The following will address a discussion of the studied research questions. For ease of discussion, the questions will be grouped in a significant and non-significant format.

#### Significant Findings

Is there a relationship with membership status and annual income among active physical therapists? When conducting statistical analysis of APTA membership status and annual income, it is evident that APTA members earn a significantly higher income. This could be accounted for by more than one reason. First, APTA members may be more inclined to seek a professional organization dedicated to provide its members with current resources that will help them stay on top their field. Such therapists may be seen as better PTs and are financially compensated by their employers. Another reason may be upper income PTs may have more dispensable income. With this income comes a greater freedom to pursue professional association involvement. The true explanation is likely to be a combination of both ideas.

What are the most used resources of the APTA and NDPTA by PTs: members versus nonmembers? From the survey responses, it is clear that APTA members utilize far more resources than nonmembers report, though no statistical analysis was completed due to the format of the question in the survey (Appendix B). A total of 776 resources were used by the 123 APTA members compared to 165 resources used by the 75 nonmember respondents. There is almost a three-fold difference in resource utilization with the members averaging 6.2 and the nonmembers averaging 2.2 apiece. With greater resource utilization by members, it could be suggested that the APTA members may be more informed than their nonmember counterparts.

Is there a significant relationship in feelings between APTA members versus nonmembers on the annual price of APTA dues? The views of APTA members and nonmembers on the appropriate price annual dues are among the most divergent viewpoints depicted in this survey. Of the 68 nonmembers that replied to this question, an overwhelming 93% (n = 65) reported they felt the yearly price to be a member was too high. Only 7% (n = 5) felt the dues were just right and not a single therapist reported the dues were too low. When APTA members responses are examined, only 51% (n = 61) of the 120 respondents claimed the dues were too high, 48% (n = 58) found them reasonable, and 1% (n = 1) felt the dues were too low. This is quite a large difference when comparing the prices given by both parties that are seen as acceptable for annual dues. The APTA members reported a mean of \$159 and nonmembers reported a mean of \$137 was acceptable. But it is very interesting to note that the median amount for reported by both groups was exactly \$150.

Is there a relationship with employment position (staff versus administration) and membership status? When examining the 177 respondents that indicated they held either staff or administration physical therapy positions, it is apparent administrators are much more involved with their professional association when compared to the staff therapists. Almost 82% ( $n = 27$ ) of the 33 reporting administrators were APTA members while nearly 55% ( $n = 79$ ) of the 144 staff therapists were APTA members. This can be explained by several reasons. First, it is important for administrators to be the leaders in their professional settings. The administrators may find the APTA a source of information to review new research, learn new laws, or general awareness of the direction of PT, which APTA members may use to elevate their professional status. For example, the BBA and other reimbursement issues were frequently covered topics of APTA periodicals. The administrators might assume a leadership role explaining these ideas to their coworkers. Secondly, with a higher income, they may have more money to use on an APTA membership. Thirdly, the administrators may have found the membership a valuable tool to aid them become better therapists and climb the workplace ladder. Lastly, the administrators may feel pressure, from self or others, to set an example for their peers.

Another unique relationship exists when considering the academic professional's involvement in APTA membership. An astounding 88% ( $n = 15$ ) of the 17 respondents in this category acknowledge they are APTA members. Other research has suggested that faculty members were seen by students as positive models of influence regarding professional associations.<sup>12</sup> It can also be asserted that in several academic institutions, membership is seen as less of an option for faculty, but more an unwritten rule. This is

evident when the realization is made that the academic category has a higher rate of membership than all other categories.

Is there a significant relationship with employer encouragement towards membership and therapist membership? A strong relationship is found when therapists are encouraged by their employers to be active APTA members. The employers may be the institution they work for or the department head. The PTs are receptive to their employer's requests or requirements to become active in their professional organization. In such an instance, one person or entity can be targeted that holds a significant influence on several others. The employer may be seen as a leader and highly respected by the staff. The staff may see then APTA membership as a reasonable idea when such an endorsement occurs. Thus, employer encouragement may be an efficient way to increase APTA membership.

What are the most identified advantages of the APTA? There were eight advantages of membership to the APTA that were most identified by reply to open-ended question. A total of 55 therapists suggested the most important was the presence of the APTA lobbying efforts. Lobbying by the APTA has helped reverse several regulations and maintained many therapist responsibilities that have been challenged in court, all in the past year alone.<sup>7,11</sup> Second, with 49 responses, was discounts given on the continuing education units (CEUs) that are required for state licensure. The price of CEUs, in many cases, cost several hundred dollars, but APTA discounts to members can significantly reduce these. Of the next five responses, four deal with the APTA dispersal of publications and the information that can be drawn from them in some capacity. There were 36 respondents agreeing membership allows them to keep current with professional

issues, 25 reported the multiple resources, including the publications, were important, and 19 therapists stated updated literature and current research were advantages of membership in their professional association.

What were the most identified advantages of the NDPTA? For this question, CEU discounts came in as the top advantage with 45 respondents choosing it. Many of the same advantages were given here as in the previous section such as keeping current on professional issues (second choice) and lobbying (fourth choice). But, three different responses appeared in regard to the NDPTA dealing with communication and social issues. Increased communication and networking ranked the third advantage, while keeping current on reimbursement issues and developing friendships both ranked fifth. The changes in advantages identified in the NDPTA rankings when compared to the APTA rankings show a difference in utilization of the two. The local section can provide services that may not be practical or effective for the national organization to provide.

How can the APTA serve you better? It appears that the APTA can best serve its members the best by decreasing its dues. This was the most popular choice for this question. The next four choices all dealt with the APTA providing more resources or improving resources already available. The second most popular choice calls for more lobbying against insurance companies. Successful lobbying could aid to increase reimbursement in some areas and may decrease some regulations, which would increase a therapists freedom. The next most common choice requests more clinical research. This may give validity to new treatment approaches and give therapists an increased amount of choices. Increases in spending here may reveal the best approach when it comes to treatment techniques, which would increase cost effectiveness and productivity

of therapists in the clinic. Another expensive but potentially beneficial response was to increase national advertising and public relations. It is widely thought that some of a physical therapist's abilities and domains are unknown to the general public. Some say that continued national advertising campaigns would benefit PT greatly.

How can the NDPTA can serve you better? Once again, the issues dealing with the NDPTA are, for the most part, the items that may not be feasible for the APTA to provide at the state level. For example, the most popular option was the need for more continuing education courses locally. With the smaller population size of North Dakota and therefore the smaller size of its urban areas, many CEU courses do not come to the area. But, the NDPTA does currently organize two continuing education opportunities every year. There may be a feeling among PTs that the NDPTA could organize and land some of the "better" workshops if they could guarantee a large turnout. Another response was more effective a collaborative communication within the NDPTA itself. To compliment this, three respondents said there should be direct mailings to members when there are changes in reimbursement or documentation. The third most popular selection was a call for more advertising and public relations.

A fourth largest preference requests the NDPTA open its own website. A website has been in operation since at least January of 2000, which reemphasizes the perceived lack of communication in the NDPTA. A website is a very cost-effective tool that can easily disseminate information. It is relatively inexpensive to maintain and it could be made available to virtually all therapists. Updates can be given on important issues quicker than literature can be produced and mailed. But, the *NDPTA Newsletter* has not been included on this site and some therapists that know the website does exist claim it is

difficult to access. A further use and development of the website may also provide nonmembers of the APTA and NDPTA more exposure to items the PTs organizations feel important. For example, recruiting campaigns can be rationalized as well as the positive changes the APTA and NDPTA are making for the profession. These may be used to help increase membership levels.

#### Other Research Questions with Non-significant Findings

There were other research questions that did not yield significant results when analyzed. When comparing marital status and APTA membership, a solid relationship cannot be established. Similarly, years as a PT, when grouped in five-year increments, do not share a relationship with APTA membership status. Lastly, there was not a noted difference between the membership levels between the male and female therapist in North Dakota. Several quotes from the received surveys have been compiled in Appendix B.

#### Limitations

There were several limitations that were identified during the completion of this study. They are listed below.

1. The survey was not sent nationwide. It provided good information from the North Dakota therapist and was an accurate representation of the NDPTA, but therapists from other regions might have different ideas and responses to questions that regard the APTA.
2. Though there was a 63% response rate, many North Dakota therapists were not directly represented by the collected data. There were seven surveys returned after the deadline. These surveys were not used in any analysis.



3. APTA nonmembers may be underrepresented in this study. While 61% of members were included, only 37% of nonmembers returned their surveys in time.
4. Errors may have skewed results during the data input process into a SPSS 10.0 database.
5. The portion survey comprised of close-ended questions may have limited the choices a therapist could choose from.

#### Suggestions for Future Studies

Several changes could have been made to this study. These changes are listed for anyone who may continue this study.

1. Follow up surveys could be sent to evaluate any changing trends regarding the APTA and physical therapists.
2. A follow up mailing could be sent to increase likelihood of a higher return rate.
3. There were not as many responses to the open ended questions as there were to the close-ended questions. It may be helpful in the future to write all questions in close ended form to get a higher response rate, make data gathering more expedient, and to provide an easier format for data analysis.
4. A feasibility study could be completed to find what price of annual dues would create the maximum for the APTA. The following questions may be included: If dues were lowered, would you become a member? How low would dues have to be?
5. Limit survey to one page for better completion and return rate.

## CHAPTER V

### CONCLUSION

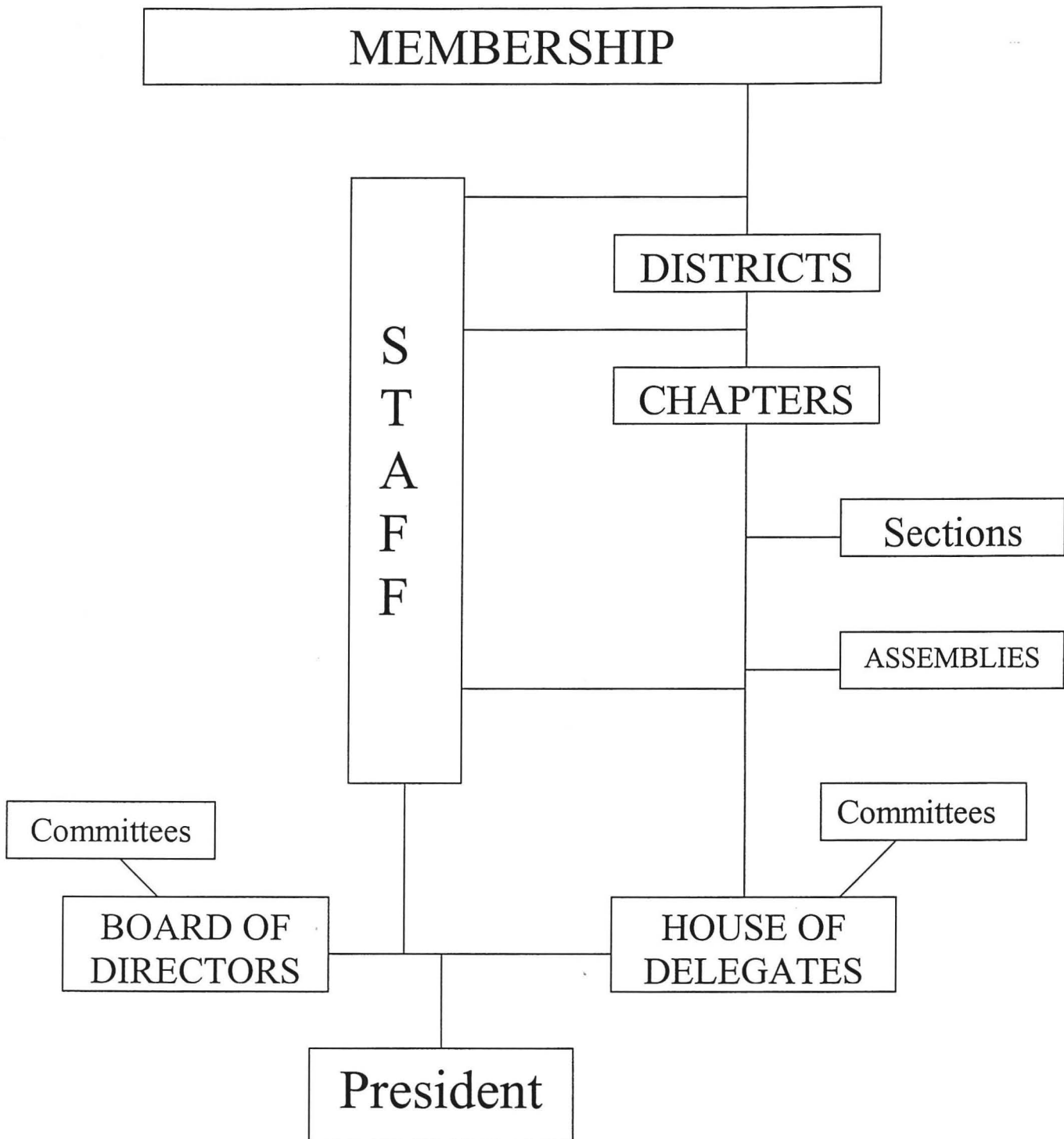
With the recent decline in the number of APTA members, it is important for the APTA's future to find a way to reverse that trend. The APTA will not only suffer the financial burden of decreased dues with decreasing membership, but also will lose the solidarity of a profession united with one voice. The flourishing of the APTA is important to the NDPTA as well even though the local decline in membership does not rival the national one. The role the NDPTA can provide alone is not large enough to satisfy its members.

Without a doubt, the APTA's lobbying efforts have helped facilitate several instrumental changes for the field of physical therapy. Its most impressive recently has been the moratorium placed on the \$1,500 cap called for by the BBA. The NDPTA has also been an influential part of therapist's well being in their practices. They help PTs by offering reduced CEU prices and are a vital facilitator of communication keeping therapist informed of new regulations affecting reimbursement issues, research, and workshops. However, as a conclusion to this study, it is evident that many therapists want more. From the APTA, there is a perceived need for more lobbying, research, and public relations, but most often cited was the request for lower annual dues. The NDPTA can improve by aiding the number of local workshops, and increasing communication and networking in general including awareness of their website.

All these resources undoubtedly would cost the APTA and NDPTA. But, the cost may not be too large. The majority of the infrastructure is in place (i.e., the website). The need lies in a more efficient, expedient, and exposed availability of resources to all therapists. With a more concerted effort given to involve more PTs in their professional association, more therapists would likely join the APTA.

## APPENDIX A

## APTA ORGANIZATIONAL STRUCTURE



## APPENDIX B

EXPEDITED REVIEW REQUESTED UNDER ITEM        (NUMBER[S]) OF HHS REGULATIONS  
  x   EXEMPT REVIEW REQUESTED UNDER ITEM   2   (NUMBER[S]) OF HHS REGULATIONS

UNIVERSITY OF NORTH DAKOTA HUMAN SUBJECTS REVIEW FORM  
FOR NEW PROJECTS OR PROCEDURAL REVISIONS TO APPROVED  
PROJECTS INVOLVING HUMAN SUBJECTS

Please include ALL information and check ALL blanks that apply.

PRINCIPAL  
INVESTIGATOR: Nick Marvin and Scott Cirks TELEPHONE: 701-7772831 DATE: 4-12-00  
ADDRESS TO WHICH NOTICE OF APPROVAL SHOULD BE SENT: UND Dept of Physical Therapy PO Box 9037  
SCHOOL/COLLEGE: UND/Medicine DEPARTMENT: Physical Therapy **PROPOSED** PROJECT DATES: 8/1/00-11/31/00  
(E.g., A&S, Medicine, EHD, etc.) (Month/Day/Year)  
PROJECT TITLE: Survey of North Dakota Physical Therapists: Participation in the APTA/NDPTA

FUNDING AGENCIES (IF APPLICABLE): N/A

TYPE OF PROJECT (Check ALL that apply):  
  x   NEW PROJECT        CONTINUATION        RENEWAL        DISSERTATION OR THESIS RESEARCH   x   STUDENT RESEARCH PROJECT  
       CHANGE IN PROCEDURE FOR A PREVIOUSLY APPROVED PROJECT

DISSERTATION/THESIS ADVISER, OR STUDENT ADVISER: Meridee Danks

PROPOSED PROJECT:        INVOLVES NEW DRUGS (IND)        INVOLVES NON-APPROVED USE OF DRUG        INVOLVES A COOPERATING INSTITUTION

IF ANY OF YOUR SUBJECTS FALL IN ANY OF THE FOLLOWING CLASSIFICATION, PLEASE INDICATE THE CLASSIFICATION(S):

☐ MINORS (<18 YEARS) ☐ PREGNANT WOMEN ☐ MENTALLY DISABLED ☐ FETUSES ☐ PERSONS WITH MENTAL RETARDATION  
☐ PRISONERS ☐ ABORTUSES ☐ UND STUDENTS (>18 YEARS)

IF YOUR PROJECT INVOLVES ANY HUMAN TISSUE, BODY FLUIDS, PATHOLOGICAL SPECIMENS, DONATED ORGANS, FETAL MATERIAL, OR PLACENTAL MATERIALS, CHECK HERE       

IF YOUR PROJECT HAS BEEN WILL BE SUBMITTED TO ANOTHER INSTITUTIONAL REVIEW BOARD(S), PLEASE LIST NAME OF BOARD(S):         
Status:        Submitted; Date               Approved; Date               Pending

1. ABSTRACT: (LIMIT TO 200 WORDS OR LESS AND INCLUDE JUSTIFICATION OR NECESSITY FOR USING HUMAN SUBJECTS.)

The American Physical Therapy Association (APTA) is the professional association of physical therapists in the United States. The North Dakota Physical Therapy Association (NDPTA) is a component of the APTA. Since its inception, the APTA has strived to insure a strong future for the profession by addressing practice, reimbursement and other pertinent issues. In the last few years, APTA membership and participation has been declining which could limit its overall effectiveness. The purpose of this study is to determine the significance of the APTA and NDPTA to the physical therapists they serve and to identify how the APTA can serve them better.

A questionnaire will be sent to all licensed therapists in North Dakota. This questionnaire includes a cover letter explaining the survey followed by a two-page survey that requests information relative to the APTA and NDPTA.

**PLEASE NOTE:** Only information pertinent to your request to utilize human subjects in your project or activity should be included on this form. Where appropriate attach sections from your proposal (if seeking outside funding).

**2. PROTOCOL:** (Describe procedures to which humans will be subjected. Use additional pages if necessary. Attach any surveys, tests, questionnaires, interview questions, examples of interview questions (if qualitative research), etc., the subjects will be asked to complete.)

**Subjects:** All licensed physical therapists in North Dakota will be sent a questionnaire. Subject's home addresses will be obtained via the North Dakota State Examining Committee for Physical Therapists.

**Instrument:** The survey will include a cover letter and a two-page questionnaire, which are enclosed. The first portion of the survey contains several demographic questions. The second part of the survey contains questions regarding income, employment status, type of facility where employed, and degrees/certifications completed. It also includes membership status, utilization of resources, and level of participation in the APTA/NDPTA.

**Procedure:** Questionnaires will be distributed by mail beginning in August 2000. The questionnaire and cover letter will be sent to individuals along with a pre-addressed business envelope.

**Data Analysis:** Descriptive and analytical statistics with an alpha level of .05 will be used to compile the data.

**Data Reporting:** Results from the questionnaire will be reported in the independent study, which will be placed in the University of North Dakota School of Medicine and Health Sciences Library upon completion. Any subjects interested in the results will also be encouraged to contact the UND Department of Physical Therapy at their convenience.

**3. BENEFITS:** (Describe the benefits to the individual or society.)

The results of the North Dakota physical therapists survey will be compared to the APTA nationwide survey. This may result in a better understanding of how North Dakota therapists utilize the APTA as compared to physical therapists at a national level. Therapists may gain better understanding of why other therapists are currently tapping into the APTA. It may also assist the North Dakota chapter of the APTA in better understanding of how to better serve and recruit members. Additionally, the ability to increase the number of members in the APTA/NDPTA could help improve overall efficiency of physical therapists in health care which, in turn, could benefit consumers.

**4. RISKS:** (Describe the risks to the subject and precautions that will be taken to minimize them. The concept of risk goes beyond physical risk and includes risks to the subject's dignity and self-respect, as well as psychological, emotional or behavioral risk. If data are collected which could prove harmful or embarrassing to the subject if associated with him or her, then describe the methods to be used to protect the confidentiality of data obtained, debriefing procedures, storage of data, how long data will be stored (must be a minimum of three years), final disposition of data, etc.)

The greatest risk to our subjects is confidentiality. However, all questionnaires will be completed anonymously and all data will be reported in aggregate. Data will be kept in a confidential file, in a locked room, at the University of North Dakota Department of Physical Therapy for three years following completion of the study.



5. **CONSENT FORM:** Attach a copy of the **CONSENT FORM** to be signed by the subject (if applicable) and/or any statement to be read to the subject should be attached to this form. If no **CONSENT FORM** is to be used, document the procedures to be used to assure that infringement upon the subject's rights will not occur.

Describe where signed consent forms will be kept and for how long (must be a minimum of 3 years), including plans for final disposition or destruction.

There will be no consent form for this study. Each subject will receive a cover letter with the questionnaire which will introduce them to the study and invite them to participate. Return of the questionnaire will be viewed as implied consent.

6. For **FULL IRB REVIEW** forward a signed original and fifteen (15) copies of this completed form, including fifteen (15) copies of the proposed consent form, questionnaires, examples of interview questions, etc. and any supporting documentation to the address below. An original and 19 copies are required for clinical medical projects. In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form if the proposal is non-clinical; 7 copies if the proposal is clinical medical. If the proposed work is being conducted for a pharmaceutical company, 7 copies of the company's protocol must be provided.

Office of Research & Program Development  
University of North Dakota  
Grand Forks, North Dakota 58202-7134

On campus, mail to: Office of Research & Program Development, Box 7134, or drop it off at Room 105 Twamley Hall.

For **EXEMPT** or **EXPEDITED REVIEW** forward a signed original, including a copy of the consent form, questionnaires, examples of interview questions, etc. and any supporting documentation to one of the addresses above. In cases where the proposed work is part of a proposal to a potential funding source, one copy of the completed proposal to the funding agency (agreement/contract if there is no proposal) must be attached to the completed Human Subjects Review Form.

---

The policies and procedures on Use of Human Subjects of the University of North Dakota apply to all activities involving use of Human Subjects performed by personnel conducting such activities under the auspices of the University. No activities are to be initiated without prior review and approval as prescribed by the University's policies and procedures governing the use of human subjects.

**SIGNATURES:**

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Principal Investigator

---

Date

---

Project Director or Student Adviser

---

Date

---

Training or Center Grant Director

---

Date

(Revised 2/2000)

**REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW**  
University of North Dakota Institutional Review Board

**Date:** August 11, 2000 **Project Number:** IRB-200008-023  
**Name:** Nick Marvin; Scott Cirks **Department/College:** Physical Therapy  
**Project Title:** Survey of North Dakota Physical Therapists: Participation in the APTA/NDPTA

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on Aug. 14, 2000 and the following action was taken:

- ☐ Project approved. **EXPEDITED REVIEW** Category No. \_\_\_\_\_  
Next scheduled review is on: \_\_\_\_\_
- ☒ Project approved. **EXEMPT REVIEW** Category No. # 2  
☒ This approval is valid until March 2001 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.
- ☐ Project approved **PENDING** receipt of corrections/additions. These corrections/additions should be submitted to ORPD for review and approval. **This study may NOT be started UNTIL final IRB approval has been received.** (See Remarks Section for further information.)
- ☐ Project approval **deferred**. **This study may not be started until final IRB approval has been received.** (See Remarks Section for further information.)
- ☐ Project **denied**. (See Remarks Section for further information.)

**REMARKS:** Any changes in protocol or adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

**PLEASE NOTE:** Requested revisions for student proposals **MUST** include adviser's signature.

cc: Meridee Danks, Adviser  
Dean, School of Medicine

  
\_\_\_\_\_  
Signature of Designated IRB Member  
UND's Institutional Review Board

8/14/00  
\_\_\_\_\_  
Date

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

September 1, 2000

Dear Physical Therapist,

Our names are Scott Cirks and Nick Marvin and we are working on our Master's degrees in Physical Therapy at the University of North Dakota. In partial fulfillment of the requirements for that degree, we are doing an independent study and are asking for your participation.

The purpose of the study is to determine the significance of the APTA and NDPTA to the physical therapists they serve. A survey is being sent to every licensed physical therapist in North Dakota. We would appreciate your participation in this study so we can gain further knowledge about how the APTA and NDPTA can better serve you. The questionnaire will take approximately 10 minutes to complete. You can be assured that your responses will remain confidential, as no personal identification is included on the questionnaire. We would appreciate this survey being returned as soon as possible. A pre-addressed business envelope has been enclosed for your reply.

Thank you for your time! If you have any questions, need more information, or are interested in knowing the results of this study, please feel free to call Scott, Nick, or Meridee Danks (Advisor) at (701) 777-2831 at any time. We will return your call as soon as possible.

Sincerely,

*Scott Cirks SPT*

Scott Cirks, Physical Therapy Student

*Nick Marvin SPT*

Nick Marvin, Physical Therapy Student

☺ SURVEY ☺

1.    ☐ Male                      ☐ Female                      Age: \_\_\_\_\_
2.    ☐ Married                      ☐ Single                      Number of Children: \_\_\_\_\_
3.    **Physical Therapy Employment Status:**  
       ☐ Full time                      ☐ Employed other than in PT  
       ☐ Part time                      ☐ Unemployed looking for PT work  
       ☐ Retired                      ☐ Unemployed not looking for PT work
4.    **What is your current PT position (example: staff, administration etc.)?** \_\_\_\_\_  
       \_\_\_\_\_
5.    **Annual Income** (To nearest \$1,000): \_\_\_\_\_
6.    **Physical Therapy Employment Setting** (circle primary, [X] all that apply):  
       ☐ Acute                      ☐ Outpatient                      ☐ Long Term Care  
       ☐ Rural                      ☐ Pediatrics                      ☐ Academic Institution  
       ☐ Neuro/Rehab                      ☐ Home Care                      ☐ Private PT Practice  
       ☐ Other \_\_\_\_\_
7.    **Approximate population of area served:** \_\_\_\_\_
8.    **Average individual PT patient load per day:** \_\_\_\_\_
9.    **Degree(s) Completed:** ☐ BSPT    ☐ MPT    ☐ DPT    ☐ Other \_\_\_\_\_
10.    **How many years have you been a PT?** \_\_\_\_\_
11.    **APTA Member:** ☐ Yes    ☐ No  
       ♦ If yes, for how many years? \_\_\_\_\_  
       ♦ If no, have you ever been a member? ☐ Yes    ☐ No  
       Give dates: \_\_\_\_\_  
       ♦ If no, please give specific reasons why not: \_\_\_\_\_  
       \_\_\_\_\_
12.    **Do you feel APTA membership dues are:** ☐ Too high    ☐ Too low    ☐ Just right  
       ♦ If you feel APTA dues are too high, what would be reasonable? \_\_\_\_\_
13.    **Are you active in any APTA sections?** ☐ Yes    ☐ No  
       ♦ If yes, which one(s)? \_\_\_\_\_  
       ♦ If no, have you ever been? \_\_\_\_\_
14.    **Do you feel that APTA section dues are:** ☐ Too high    ☐ Too low    ☐ Just right  
       ♦ If you feel section dues are too high, what would be reasonable? \_\_\_\_\_

15. Does your employer encourage professional membership? ☐ Yes ☐ No
16. Does your employer reimburse for APTA membership dues? ☐ Yes ☐ No  
 ♦ If yes, what percentage? \_\_\_\_\_
17. Have you ever been active in recruiting members for the APTA (example: the present "Extend Your Reach" campaign)? ☐ Yes ☐ No
18. Please list any advanced certifications you possess: \_\_\_\_\_  
 \_\_\_\_\_
19. Please list any other involvement with the APTA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Please list any other involvement with the NDPTA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Rank the following resources offered by the APTA that you utilize?  
 (1= used frequently; 2= used occasionally; 3= used rarely; blank= if not utilized)
- |                           |                          |                          |
|---------------------------|--------------------------|--------------------------|
| ____ PT Bulletin          | ____ PT Journal          | ____ Insurance           |
| ____ Credit Cards         | ____ Discounts on CEUs   | ____ NDPTA newsletter    |
| ____ Website              | ____ PT Magazine         | ____ Home study course   |
| ____ Guide to PT Practice | ____ APTA service center | ____ Adv. clinical cert. |
- ♦ Are there any other APTA resources you utilize frequently? \_\_\_\_\_  
 \_\_\_\_\_
22. Please list any advantages of being an APTA member: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. Please list any advantages of being an NDPTA member: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. How could the APTA serve you better? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. How could the NDPTA serve you better? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☺ *Thank you for completing our survey!!!*

## QUOTES

Several quotes were given by therapists as responses to open-ended questions. Some of the insightful and memorable responses to specific research questions were included in this section.

Please give specific reasons why [you are] not [a member of the APTA]?

- Waste of money
- Probably just too lazy to fill out the paperwork, don't really have a real reason.

Please list any advantages of being an APTA member:

- Membership does provide excellent access to current research/trends and helps promote continuing ed. opportunities.
- Strong alliance for government lobbying.
- APTA was able to help with the \$1500 cap for Medicare B patients. I feel APTA is a great resource for help for lobbying

Please list any advantages of being a NDPTA member:

- It works with BCBS (Blue Cross Blue Shield), workers comp on reimbursement issues.
- I feel this is more important [than the APTA] as I do see their organization as trying to do things for PTs in our state, but you are required to be an APTA member!

How could the APTA serve you better?

- I would be comfortable with the APTA and NDPTA being even more politically active, not so much on the behalf of our profession, but in striving to promote the best possible healthcare (provision, insurance coverage, etc) for all citizens.
- Be more concerned with job shortage. I feel this is more important than making PT program DPT level. Why get a DPT if you won't have a job out of school?
- More home study interaction-what's the rest of the country doing?
- Possibly having a lobbyist-but they (APTA) only brag about changing something rather than preventing it from happening in the first place.
- I dropped my APTA membership when I married my husband who is also a PT. I think there should be a discount for spouses.
- I think dues should be lowered and membership be made mandatory.
- Help fix healthcare

How could the NDPTA serve you better?

- More continuing ed. courses in state with big name instructors!! We have to travel for real good stuff.
- I'm concerned [with] the trend of retiring PTs dropping their license because of the cost of continuing educational courses.
- Stand up to defend us to insurance companies.

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